



Medication Assisted Treatment for Substance Use Disorders and the DMC-ODS Pilot Program

*Frequently Asked Questions
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The following answers to frequently asked questions intend to provide clarification regarding medication assisted treatment services available to Medi-Cal beneficiaries in Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Program counties.

This document will be updated as necessary.

For additional information regarding the DMC-ODS Pilot Program:

- Visit <http://www.dhcs.ca.gov/provgovpart/Pages/Blue-Medi-Cal-Organized-Delivery-System.aspx>
- Contact us as DMCODSWAIVER@dhcs.ca.gov

1. What is medication assisted treatment?

Medication Assisted Treatment (MAT) is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders (SUD). Research shows that a combination of MAT and behavioral therapies is a successful method to treat SUD. There are different doors through which beneficiaries in need of MAT enter the Medi-Cal system.

2. What are the required MAT services and the optional additional MAT services under the DMC-ODS Pilot Program?

DMC-ODS Required MAT includes:

- Narcotic Treatment Program (NTP) Services
- Access to buprenorphine, naloxone, disulfiram, and methadone in an NTP setting with rates set by DHCS

DMC-ODS Optional Additional MAT includes:

- FDA approved medications (any DMC setting)
- Ordering, prescribing, administering, and monitoring of MAT
- Utilization of long-acting injectable naltrexone at DMC facilities, including NTPs

- County-proposed interim rates for additional MAT outside of a NTP setting, including buprenorphine, disulfiram, naloxone, and long-acting injectable naltrexone.

See Figure 1 at the end of this document for an illustration of the delivery system for optional and required DMC-ODS MAT services.

3. What medications are required to be available to patients through NTPs in DMC-ODS pilot counties?

- methadone
- buprenorphine
- disulfiram
- naloxone

4. Who qualifies as a NTP patient?

Per HSC 11839.2, a NTP patient must be receiving narcotic replacement therapy, which includes methadone and buprenorphine.

5. Can the requirement to offer naloxone at a NTP be met by offering a form of buprenorphine (suboxone) that contains both buprenorphine and naloxone in the formula?

No. While NTPs may offer forms of buprenorphine that contain naloxone in the formula, this is not a replacement for naloxone. Naloxone (by itself) is used to treat a narcotic overdose in an emergency situation.

6. What are the options for expanding MAT coverage under the DMC-ODS Pilot Program?

DMC-ODS pilot counties have the option to offer Additional MAT. Additional MAT offered by DMC-ODS counties is linked to the ASAM continuum of care (ASAM OTP Level 1 – “Additional Medication Assisted Treatment”). The components of Additional MAT include ordering, prescribing, administering, and monitoring of medications for SUD. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. Counties are encouraged to increase MAT services by exploring the use of the following interventions:

- Extend NTP/Opioid Treatment Programs (OTPs) to remote locations using mobile medication units and contracted pharmacies, which may have onsite counseling and urinalysis.
- Implement medication management protocols for alcohol dependence, including naltrexone, disulfiram, and acamprosate. Alcohol maintenance medications may be dispensed onsite in NTPs/OTPs or prescribed by providers in outpatient programs.

- Provide ambulatory alcohol detoxification services in settings such as outpatient programs, NTPs/OTPs, and contracted pharmacies.

7. What are the provider contract requirements for MAT?

Counties must require through contract that providers have procedures and protocols in place to assure care coordination and linkage to other services and supports for beneficiaries receiving MAT. Provider staff shall maintain regular communication with the physicians of the clients who are prescribed these medications, unless the client chooses not to consent to signing a 42 CFR part 2 compliant release of information for this purpose.

8. Who develops the rates for medication assisted treatment?

The rates for NTP services are developed by DHCS. The rates for additional medication assisted treatment (ordering, prescribing, administering, and monitoring of medications) are developed by each County.

9. How can additional MAT services be provided at a NTP site to a non-NTP patient?

A NTP site can enroll with the DHCS Provider Enrollment Division to offer all of the different MAT options with a dual DMC certification for the NTP and Outpatient Drug Free (ODF) modalities. For example, if a county chooses to provide additional MAT services, vivitrol can be administered at a NTP site, however the beneficiary would receive that service as part of the outpatient program, not the NTP. That beneficiary could also access counseling at the NTP site, but they would be receiving ODF counseling, not NTP counseling.

10. Are MAT services available outside of the DMC-ODS pilot program?

Yes. Medi-Cal beneficiaries may access MAT services outside of the DMC-ODS pilot program under certain circumstances. SUD treatment providers may offer certain MAT services through an enrollment of physicians as Fee-For-Service (FFS) providers and adherence to the requirements as outlined below:

Buprenorphine

Buprenorphine is a covered benefit and is available to all Medi-Cal beneficiaries who demonstrate a medical necessity for the use of the drug.

SUD Setting:

Physicians at SUD facilities need to enroll as FFS providers to prescribe or administer and bill for buprenorphine. A Treatment Authorization Request (TAR) is not required.

Pharmacy Benefit:

If buprenorphine is not administered directly to the patient, and the physician writes a prescription for the patient to pick up at a pharmacy for self-administration, the drug cost is covered under the FFS Pharmacy Benefit. The rate of reimbursement for the drug cost may be found at:

<http://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/ACAFUL.aspx>

FFS Medical Benefit:

Any DATA 2000 waived (X number) Medi-Cal physician can order, stock, and administer buprenorphine for treatment of opioid addiction. Such medications may be prescribed and/or dispensed in the office/clinic setting. The provider bills the medical service just as any other medical service provided by his/her provider type.

Physicians at SUD facilities who have enrolled as fee-for-service providers would also need to obtain a federal DATA 2000 waiver (X number).

See Figure 2 at the end of this document for the FFS Current Procedural Terminology (CPT) codes would be used to report the physician's time for buprenorphine management. These codes can be used by physicians and other qualified Medi-Cal healthcare providers. Therefore, in terms of counseling a Medi-Cal provider may be a physician, psychiatrist, psychologist, nurse practitioner or physician assistant.

Injectable Naltrexone

Naltrexone long-acting injection (vivitrol) is a covered benefit of the Medi-Cal program and is available to all Medi-Cal beneficiaries who demonstrate a medical necessity for the use of the drug. It may be billed as either a FFS medical claim (for all Medi-Cal beneficiaries) or a pharmacy claim (for select populations only, as indicated below). Naltrexone long-acting injection always requires a TAR whether billed as a medical claim by physicians/clinics or as a pharmacy dispensed benefit.

SUD Setting:

In order for the onsite physician to prescribe or administer long-acting injectable naltrexone, the physician at the SUD facility would need to become enrolled as a FFS provider.

Pharmacy Benefit

If the FFS physician does not administer the drug and instead writes a prescription for the medication, the injection would be administered at a pharmacy. The drug cost would then be paid for as a Pharmacy Benefit. In order to utilize the Pharmacy Benefit, Medi-Cal beneficiaries must meet both of the following criteria:

1. Charged with, or convicted of, a felony or misdemeanor; and
2. Monitored for compliance with terms and conditions of county or state supervision (including but not limited to probation, parole, 1210 PC, mandatory supervision, post-release community supervision or pretrial release), including substance use disorder monitoring.

Fee-For-Service (FFS) Medical Benefit:

A SUD physician may become a FFS provider to prescribe and/or administer injectable naltrexone. The CPT codes 99205 and 99215 would be used to report the physician's time for naltrexone management. The full details of those CPT codes are located in the buprenorphine section above. If the FFS physician administers the drug in the office, this is termed a 'physician administered drug'. The physician is reimbursed for the drug and the administration directly. The policy for naltrexone long-acting injection, when provided as a medical benefit, can be found in the [Injections: Drugs N – R](#) section of the Medi-Cal Part 2 provider manual. It is billed under HCPCS code J2315 (injection, naltrexone, depot form, 1 mg).

Naloxone

Naloxone is a covered benefit of the Medi-Cal program and is available to all Medi-Cal beneficiaries who are at risk of opioid overdose. Naloxone does not require a TAR except for the auto injector formulation and the intranasal device formulation.

SUD Setting:

In order for the onsite SUD physician to prescribe naloxone, the physician would need to become enrolled as a FFS provider. The drug cost is paid for through the Pharmacy Benefit.

Pharmacy Benefit:

All authorized Medi-Cal providers can write a prescription for naloxone, provide the prescription to the patients, and the patient can fill the prescription at any Medi-Cal provider pharmacy. Since the drug is administered at the time and place of the overdose, the medication would remain in possession of the patient (or caregiver) and not at the SUD setting.

Figure 1: Illustration of DMC-ODS Optional Additional MAT vs. DMC-ODS Required MAT

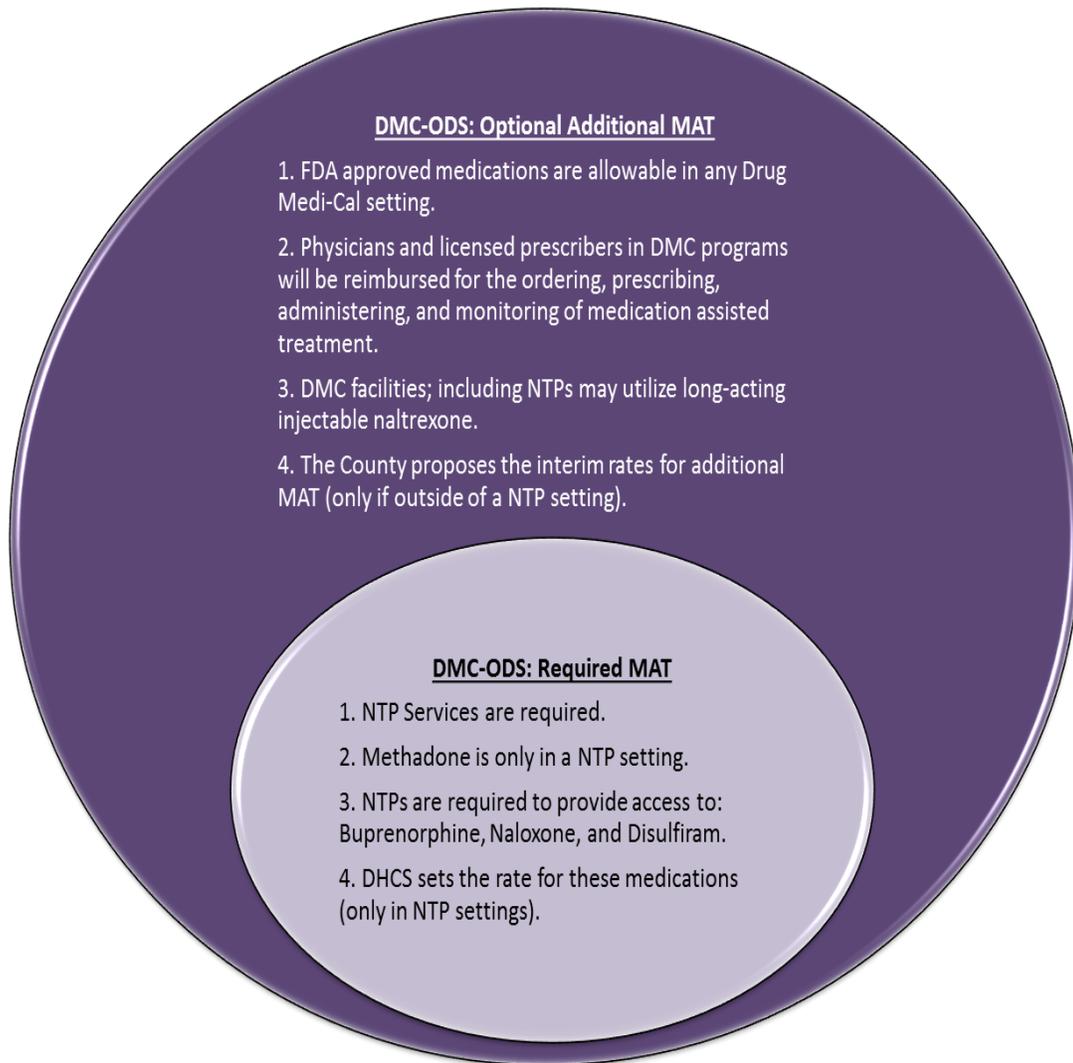


Figure 2: Fee-For-Service Current Procedural Terminology

Recommendations:

99205 – Office or other outpatient visit for the evaluation and management of a **new patient**, which requires these 3 key components:

- A comprehensive history;
- A comprehensive examination;
- Medical decision making of high complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

99215 – Office or other outpatient visit for the evaluation and management of an **established** patient, which requires at least two of these three key components:

- A comprehensive history;
- A comprehensive examination;
- Medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

Additional Considerations/Recommendations:

Induction Visits:

Any of the new patient evaluation and management (E/M) codes can be used for maintenance visits. Codes listed are in order of increasing length of time with patient and/or severity of the problems. (99201-99205)

Prolonged visit codes (99354, 99355) may also be added onto E/M codes for services that extend beyond the typical service time, with or without face-to-face patient contact. Time spent need not be continuous.

Maintenance Visits:

Any of the established patient E/M codes might be used for maintenance visits. (99212-99215)

Counseling codes are commonly used to bill for maintenance visits, since counseling and coordinating service with addiction specialists comprise the majority of these follow-up visits. (90791-90792, 90832-90838)